PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10749113

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			(Column 1)		(COIGIAIT 2)		ſ	RATE	FEE	<u>ر</u> ، ، ۲	RATE	FEE
TOTAL CLAIMS			20				ŀ	BASIC FEE	385.00		BASIC FEE	770.00
FOR .			NUMBER FILED		NUMBER EXTRA		ŀ	DASIO FEE	303.00	OR		
TOTAL CHARGEABLE CLAIMS			₩ min	us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 mir	nus 3 =	*			X43=		OR	X86=	
MU	LTIPLE DEPENI	DENT CLAIM PE	RESENT		· .			+145=		OR	+290=	
* If the difference in column 1 is less th				nan zero, enter "0" in column 2			I	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	1011	=	·	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		ÓR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN'	T CLAIM]	+*45=		OR	+290=	
								TOTAL			TOTAL	
								ADDIT. FEE		10	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	mn 2) HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	,,, <u>o</u> ,,	=	1.	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST - PESENTATION OF MULTIPLE DEPENDENT CLAIM						ا	+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Coll	ımn 2)	(Coiumn 3)	,	ADDIT FEE			ADDIT: Y C.	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	:
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	000	
								+145=		OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								,	OR	TOTA ADDIT. FE	E
••	*If the "Highest Nu The "Highest Num	The Company of the Co	Date CarriNITL	116 60706	ie lace tr	ian 3 enter 3		ound in the ap	opropriate b	ox in c	olumn 1.	